

PTO/SB/52 (09-04)

Approved for use through 4/30/2007. OMB 0651-0033

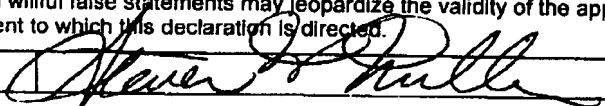
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number: 6117CE	
<p>I hereby declare that:</p> <p>The residence, mailing address and citizenship of the inventors are stated below.</p> <p>I am authorized to act on behalf of the following assignee: <u>The Procter &amp; Gamble Company</u></p> <p>and the title of my position with said assignee is: <u>Assistant Secretary</u></p> <p>The entire title to the patent identified below is vested in said assignee.</p>			
Inventor	Steven Lee Barnholtz	Citizenship	USA
Residence/Mailing Address	5835 Olympia Fields Ct., West Chester, OH 45069		
Inventor		Citizenship	
Residence/Mailing Address			
<input type="checkbox"/> Additional Inventors are named on separately numbered sheets attached hereto.			
Patent Number: 5,919,556		Date of Patent Issued: July 6, 1999	
<p>I believe said inventor(s) to be the original and first inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled</p> <p><u>Multiple Ply Tissue Paper</u></p> <p>the specification of which</p> <p><input checked="" type="checkbox"/> is attached hereto.</p> <p><input type="checkbox"/> was filed on ___ as reissue application number <u>1</u></p> <p>and was amended on ___ (if applicable).</p> <p>I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.</p> <p><input type="checkbox"/> I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d), or 365(b). Attached is form PTO/SB/02B (or equivalent) listing the foreign applications.</p> <p>I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)</p> <p><input type="checkbox"/> by reason of a defective specification or drawing.</p> <p><input type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent.</p> <p><input checked="" type="checkbox"/> by reason of other errors.</p>			

(Page 1 of 2)

This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 37 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

<p style="text-align: right;">PTO/SB/52 (09-04)</p> <p style="text-align: right;">Approved for use through 4/30/2007. OMB 0651-0033</p> <p style="text-align: right;">Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE</p> <p>Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.</p>	
<p><b>REISSUE APPLICATION DECLARATION BY THE ASSIGNEE, page 2</b></p>	
<p style="text-align: right;">Docket Number: 6117CE</p>	
<p>At least one error upon which reissue is based is described as follows:</p> <p>Claim 1 of the original patent US 5,919,556 does not include the limitation that both the first and second plies of the tissue paper product are through air dried paper webs. This specific embodiment is now included in claim 19 (and claims 20 to 29 that depend therefrom). Claim 1 of the original patent also does not include the limitation that the first ply of the tissue paper product is a conventional ply and that the second ply has a texture value of greater than or equal to 4.0 mils. These specific embodiments are now included in claim 31 (and claims 32 to 42 that depend therefrom).</p>	
<p style="text-align: center;">[Attach additional sheets, if needed]</p>	
<p><b>All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.</b></p>	
<p>I hereby appoint:</p> <p><input checked="" type="checkbox"/> Practitioners associated with Customer Number 27752</p> <p>as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.</p>	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.</p>	
Signature	
Date	7/31/06
Full Name of person signing (given name, family name): Steven W. Miller	
Address of Assignee	The Procter & Gamble Company, One Procter & Gamble Plaza, Cincinnati, OH 45202

Revised for P&amp;G use 1/13/2005

[Page 2 of 2]

PTO/SB/01 (09-04)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**REISSUE APPLICATION DECLARATION BY THE INVENTOR**

Docket Number: 6117CE

I hereby declare that:

Each inventor's residence, mailing address and citizenship are stated below next to their name.

I believe the inventors named below to be the original and first inventor(s) of the subject matter which is described and claimed in patent number 5,919,556, granted July 6, 1999 and for which a reissue patent is sought on the invention entitled Multiple Ply Tissue Paper,

the specification of which

☒ is attached hereto.

☐ was filed on \_\_\_ as reissue application number /  
and was amended on \_\_\_  
(if applicable).

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

☐ I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d), or 365(b). Attached is form PTO/SB/02B (or equivalent) listing the foreign applications.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below.  
(Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

☐ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☒ by reason of other errors.

At least one error upon which reissue is based is described as follows:

Claim 1 of the original patent US 5,919,556 does not include the limitation that both the first and second plies of the tissue paper product are through air dried paper webs. This specific embodiment is now included in claim 19 (and claims 20 to 29 that depend therefrom). Claim 1 of the original patent also does not include the limitation that the first ply of the tissue paper product is a conventional ply and that the second ply has a texture value of greater than or equal to 4.0 mils. These specific embodiments are now included in claim 31 (and claims 32 to 42 that depend therefrom).

[Attach additional sheets, if needed]

[Page 1 of 2]

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REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2	Docket Number: 6117CE
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.	

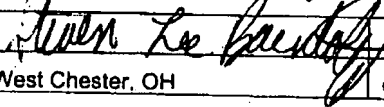
Note: To appoint a power of attorney, use form PTO/SB/81.

Correspondence Address: Direct all communications about the application to:

☒ Practitioners associated with Customer Number 27752

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name) Steven Lee Barnholtz

Inventor's signature		Date	7/28/2006
Residence	West Chester, OH	Citizenship	USA
Mailing Address	5835 Olympia Fields Ct., West Chester, OH 45069		

Full name of second joint inventor (given name, family name)

Inventor's signature		Date	
Residence		Citizenship	
Mailing Address			

Full name of third joint inventor (given name, family name)

Inventor's signature		Date	
Residence		Citizenship	
Mailing Address			

☐ Additional inventors are named on separately numbered sheets attached hereto.

Revised for P&G use 1/19/2005

[Page 2 of 2]